Pat Borker

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |   |                   |                                       |  | Application or Docket Number |                        |    |                     |                        |
|--|--|---|--|---|-------------------|---------------------------------------|--|------------------------------|------------------------|----|---------------------|------------------------|
|  |  | CLAIMS                                    | AS FILED -   |   | (Column 2)        |                                       |  | SMALL ENT                    | TITY /                 | OR | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |   |                   |                                       |  | RATE                         | FEE                    | ·  | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.   | SMALL ENT. = \$ 150                               |                   | GE ENT. = \$ 300                      |  | BASIC FEE                    | 150                    | OR | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   |  | atisfies PCT Article 33(1)-<br>(4) = \$50 / \$100 |                   | other situations =<br>\$ 100 / \$ 200 |  | EXAM. FEE                    | (11)1)                 |    | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. Is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |   |                   | ther situations = 3 250 / \$ 500      |  | SEARCH FEE                   | 200                    |    | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |   | / 50 <del>=</del> |                                       |  | X \$ 125 =                   |                        |    | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 16 min   | nus 20 =  |                   |                                       |  | X \$ 25 =                    |                        | OR | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | / 'm   | inus 3 =  | • `               |                                       |  | X \$ 100 =                   |                        | OR | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN  | DENT CLAIM PR                             | ESENT  |   |                   |                                       |  | + \$ 180 =                   | 14/2                   | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |   |                   |                                       |  | TOTAL                        | 450                    | OR | TOTAL               |                        |
| j.   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |  |   |                   |                                       |  | SMALL E                      | ENTITY                 | OR | OTHER<br>SMALL E    |                        |
| AMENDMENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGH<br>NUMI<br>PREVIO<br>PAID                    | BER               | PRESENT<br>EXTRA                      |  | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 16                                      | Minus  | "ne   | )                 | a ·                                   |  | X \$ 25 =                    |                        | OR | X \$ 50 =           |                        |
|  | Independent  | • ' '/                                    | Minus  | *** 7   | )                 | =                                     |  | X \$ 100 =                   |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRES   | ENTATION OF N                             | ULTIPLE DEPENDENT CLAIM  |   |                   |                                       |  | + \$ 180 =                   | /                      | OR | + \$ 360 =          |                        |
|  |  |   |  |   |                   |                                       |  | TOTAL ADDIT.                 |                        | OR | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |   |                   |                                       |  |                              |                        |    | ı                   |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | . HIGH<br>NUME<br>PREVIO<br>PAID I                | BER               | PRESENT<br>EXTRA                      |  | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | **  |                   | ä -                                   |  | X \$ 25 =                    |                        | OR | X \$ 50 =           |                        |
|  | independent  | •   | Minus  | ***   |                   | =                                     |  | X \$ 100 =                   |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |  |   |                   |                                       |  | + \$ 180 =                   |                        | OR | + \$ 360 =          |                        |
|  |  |   |  |   |                   |                                       |  | TOTAL ADDIT.<br>FEE          |                        | OR | TOTAL ADDIT.<br>FEE |                        |
| •  | If the entry in colu   | mn 1 is less than th                      | entry in column 2  | , write "0" i                                     | s colume          | <b>1 3</b> .                          |  |                              | , ——                   |    |                     |                        |

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<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.